Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: Individual Variable Annuity Application

SERFF Tr Num: PACL-128062418

State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed-Approved-Closed

State Tr Num:

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: 10-1225

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Maysy Novak, Brian Deleget, Craig Hopkins

Disposition Date: 02/07/2012

Date Submitted: 02/02/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Individual Variable Annuity Application

Project Number: 25-1225

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Maysy Novak

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: We are not filing in Nebraska, our state of domicile as Nebraska is part of the IIPRC.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/07/2012

State Status Changed: 02/07/2012

Created By: Maysy Novak

Corresponding Filing Tracking Number:

Filing Description:

To the Individual Life Insurance Department of Arkansas:

Re: Form Number(s): 10-1225, ET AL
SERFF Tracking No.: PACL-127859501

On January 25, 2012, the Department approved the above referenced contract, application and riders.

We are hereby notifying the Department that, we wish to amend the application form number 25-1225 in the Statement of Owner section to remove “I received prospectuses for this variable annuity contract” and replace with “I received the variable annuity prospectus and applicable fund prospectuses for this variable annuity contract”.

Since this application has not been issued in your state or in any other jurisdiction, we are retaining the same form number as originally approved.

We appreciate your continued support and cooperation with regard to this submission.

Should you have any questions or require additional information, please call toll-free 1-800-722-2333 Ext. 6907.

Sincerely,

Maysy Novak
Compliance Analyst
RSD - Product Compliance

Company and Contact

Filing Contact Information

Maysy Novak, Compliance Analyst	Maysy.Novak@PacificLife.com
700 Newport Center Drive	949-219-6907 [Phone]
Newport Beach, CA 92660	949-219-0579 [FAX]

Filing Company Information

Pacific Life Insurance Company	CoCode: 67466	State of Domicile: Nebraska
700 Newport Center Drive	Group Code: 709	Company Type: Annuities
Newport Beach, CA 92660-6397	Group Name:	State ID Number:
(800) 722-2333 ext. [Phone]	FEIN Number: 95-1079000	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	

SERFF Tracking Number:	*PACL-128062418*	*State:*	*Arkansas*
Filing Company:	*Pacific Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*10-1225*		
TOI:	*A03I Individual Annuities - Deferred Variable*	*Sub-TOI:*	*A03I.002 Flexible Premium*
Product Name:	*Individual Variable Annuity Application*		
Project Name/Number:	*Individual Variable Annuity Application/25-1225*		

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pacific Life Insurance Company	$50.00	02/02/2012	56030404

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/07/2012	02/07/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Maysy Novak	02/02/2012	02/02/2012

Disposition

Disposition Date: 02/07/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Individual Deferred Variable Annuity Application		Yes

Amendment Letter

Submitted Date: 02/02/2012

Comments:

add Statement of Variability

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

SV1225 - App.pdf

Form Schedule

Lead Form Number: 25-1225

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	25-1225	Application/ Enrollment Form	Individual Deferred Variable Annuity Application	Initial		0.000	25-1225.pdf

PACIFIC LIFE	Pacific Life Insurance Company [P.O. Box 2378, Omaha, NE 68103-2378 or 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102 www.PacificLife.com Contract Owners: (800) 722-4448 Registered Representatives: (800) 722-2333]	[Pacific Variable Annuity] *Individual Deferred Variable Annuity Application*

NOTE: This application may only be used in the following states: [AR, CT, DE, DC, MT, ND, & SD].

1. ANNUITANT(S) *Must be an individual. Check product guidelines for maximum issue age.*

Name *(First, Middle, Last)* John, James, Doe	Birth Date *(mo/day/yr)* 01/01/1950	Sex ☒ M ☐ F
Mailing Address 123 Any Street	City, State, ZIP Anytown, NE 12345	SSN 123-45-6789
Residential Address (if different than mailing address)	City, State, ZIP	

Solicited at: State ______ ______	*Complete this box for custodial-owned qualified contracts only. Will not be valid for any other contract types. Information put here will be used for contract issue state and registered representative appointment purposes.*

ADDITIONAL ANNUITANT *Not applicable for qualified contracts or on contracts with non-natural owners. Check One:* ☐ *Joint* ☐ *Contingent*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

2. OWNER(S) *If annuitant(s) and owner(s) are the same, do not complete this section. Check product guidelines for maximum issue age.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN/TIN
Residential Address (if different than mailing address)	City, State, ZIP	

ADDITIONAL OWNER *Not applicable for qualified contracts.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	Sex ☐ M ☐ F
Mailing Address	City, State, ZIP	SSN
Residential Address (if different than mailing address)	City, State, ZIP	

3. ELECTRONIC INFORMATION CONSENT

FOR EVEN FASTER DELIVERY

E-Mail address:____

By providing the e-mail address above, I consent to receive documents and notices applicable to my contract, including but not limited to prospectuses, prospectus supplements, reports, statements, immediate confirmations, privacy notice and other notices, and documentation in electronic format when available instead of receiving paper copies of these documents by U.S. mail. I will continue to receive paper copies of annual statements if required by state or federal law. Not all contract documentation and notifications may be currently available in electronic format. I consent to receive in electronic format any documents added in the future. For jointly owned contracts, both owners are consenting to receive information electronically.

I confirm that I have ready access to a computer with Internet access, an active email account to receive this information electronically, and ability to read and retain it. I understand that:

- There is no charge for electronic delivery, although my Internet provider may charge for Internet access.
- I must provide a current e-mail address and notify Pacific Life promptly when my e-mail address changes.
- I must update any e-mail filters that may prevent me from receiving e-mail notifications from Pacific Life.
- I may request a paper copy of the information at any time for no charge, even though I consented to electronic delivery, or if I decide to revoke my consent.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- Electronic delivery will be cancelled if e-mails are returned undeliverable.
- This consent will remain in effect until I revoke it.

Pacific Life is not required to deliver this information electronically and may discontinue electronic delivery in whole or in part at any time. Please call (800) 722-4448 if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your e-mail address.

4. TELEPHONE/ELECTRONIC AUTHORIZATION

CHECK IF YES ☐ Yes — TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION As the owner, I will receive this privilege automatically.

If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking “Yes,” I am also authorizing and directing Pacific Life to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Pacific Life will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Pacific Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

5. HOUSEHOLDING By signing this application I consent to Pacific Life mailing one copy of contract owner documents to multiple contract owners who share the same household address. Such documents will include prospectuses, prospectus supplements, announcements, and reports, but will not include contract-specific information such as transaction confirmations and statements. This service, known as “householding,” reduces expenses, environmental waste, and the volume of mail I receive. If I do not wish to participate in this service and prefer to receive my own contract owner documents, I have checked the box below.

☐ I elect <u>NOT</u> to participate in householding.

6. BENEFICIARIES *If a beneficiary classification is not indicated, the class for that beneficiary will be primary. Each beneficiary class must equal 100%. Multiple beneficiaries will share the death benefit equally, unless otherwise specified. For contracts owned by a non-individual custodian (including IRAs, 457, and qualified plans) or other non-natural owners, the beneficiary will be the owner listed on the application and information provided below will not be valid. Use Section 12, Special Requests, to provide additional beneficiary information.*

Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name *(First, Middle, Last)*	Birth Date *(mo/day/yr)*	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %
Name (First, Middle, Last)	Birth Date (mo/day/yr)	☐ Primary ☐ Contingent	Relationship	SSN/TIN	Percentage %

7. CONTRACT TYPE *Select ONE.*

[☒ Non-Qualified[1,2]	☐ SIMPLE IRA[4]	☐ Roth IRA[3]	☐ 401(a)[5]	☐ 457(b)-gov't. entity[5]	☐ Keogh/HR-10[5]
☐ IRA[3]	☐ SEP-IRA	☐ Individual(k)[6]	☐ 401(k)[5]	☐ 457(b)-501(c) tax exempt[5]]	

[[1]For trust-owned contracts, complete Trustee Certification and Disclosure. [2]For non-qualified contracts, if Owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. [3]For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. [4]Complete SIMPLE IRA Employer Information. [5]Complete Qualified Plan and 457(b) Plan Disclosure. [6]Complete Individual(k) Qualified Plan Disclosure.]

8. INITIAL PURCHASE PAYMENT [*Make check payable to Pacific Life Insurance Company.]*

8A. NON-QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment.*

☐ 1035 exchange(s)/estimated transfer…$ ____________

☒ Amount enclosed……………………………$ 50,000.00

8B. QUALIFIED CONTRACT PAYMENT TYPE *Indicate type of initial payment. If no year is indicated, contribution defaults to current tax year.*

☐ Transfer $________________

☐ Rollover $________________

☐ Contribution $________________ for tax year _________

9. REPLACEMENT

9A. EXISTING INSURANCE

CHECK ONE ☐Yes ☒No

Do you have any existing life insurance or annuity contracts with this or any other company? *(Default is "Yes" if neither box is checked.)*

9B. REPLACEMENT

CHECK ONE ☐Yes ☒No

Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity in this or any other company? If "Yes," provide the information below for each policy or contract being replaced and attach any required state replacement and/or 1035 exchange/transfer forms.

Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity
Insurance Company Name	Policy or Contract Number	Policy or Contract Type Being Replaced ☐Life Insurance ☐Fixed Annuity ☐Variable Annuity

10. OPTIONAL RIDERS Subject to state availability. *To qualify for rider benefits, the entire contract value must stay invested in allowable investment option programs Pacific Life makes available for the riders. Guaranteed Minimum Withdrawal Benefit Riders are irrevocable after election. There are investment and transfer restrictions associated with these riders. Optional Guaranteed Minimum Withdrawal Benefit Riders are not available with Inherited IRA and Inherited Roth IRA business.*

[Guaranteed Minimum Withdrawal Benefit *You may select only ONE.*

☐ **Rider - Single Life** *Annuitant(s) must not be over age 85 at issue.*

☐ **Rider - Joint Life** *Both spouses must not be over age 85 at issue. See note below.*

Note (applies to Joint Life selections): Available only if the Contract Type selected in Section 7 is Non-qualified (not available if the Owner is a trust or other entity), IRA (including custodial IRAs), Roth IRA, SIMPLE IRA, or SEP-IRA. Joint Owners must be spouses, if applicable. If the contract is owned by a sole Owner, the Owner's spouse must be designated as the sole primary beneficiary. Complete the beneficiary information in Section 6. If this is a custodial-owned IRA, it is the responsibility of the custodian to verify that the beneficiary designation at the custodian is the spouse of the Annuitant.]

If any rider selected in this section cannot be added to the contract due to age and/or other rider restrictions or state availability, the contract will be issued without that rider.

11. REBALANCING *Optional.*

[☐ Quarterly ☐ Semiannually ☐ Annually]

12. SPECIAL REQUESTS *If additional space is needed, attach a letter signed and dated by the Owner(s).*

13. FRAUD NOTICE

[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

FOR DC RESIDENTS ONLY: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.]

14. ALLOCATION OPTIONS Use this section to allocate 100% of your investment. Use whole percentages only. Additional investments will be allocated based on the options below, and where applicable if a selection was made in section 12, unless alternate instructions are on file or provided with the investment.

[Investment Portfolios]	[Fund 1]	100 %	
	[Fund 2]	____%	
	[Fund 3]	____%	____%Total

15. STATEMENT OF OWNER(S) I understand that federal law requires all financial institutions to obtain the name, residential address, date of birth, Social Security or taxpayer identification number, and any other information necessary to sufficiently verify the identity of each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination. I, the owner(s), understand that I have applied for a variable annuity contract ("contract") issued by Pacific Life Insurance Company ("company"). I received the variable annuity prospectus and applicable fund prospectuses for this variable annuity contract. After reviewing my financial background with my registered representative, I believe this contract, including the benefits of its insurance features, will meet my financial objectives based in part upon my age, income, net worth, and tax status, and any existing investments, annuities, or other insurance products I own. If applicable, I considered the appropriateness of full or partial replacement of any existing life insurance or annuity. I also considered my liquidity needs, risk tolerance, and investment time horizon when selecting variable investment options. I understand the terms and conditions related to any optional rider applied for and believe that the rider(s) meet(s) my insurable needs and financial objectives. I have discussed all fees and charges for this contract with my registered representative. I understand that if I cancel a contract issued as a result of this application without penalty during the Right to Cancel initial review period, depending upon the state where my contract is issued, it is possible the amount refunded may be less than the initial amount I invested due to the investment experience of my selected investment options. If I am an active duty member of the United States Armed Forces (including active duty military reserve personnel), I confirm that this application was not solicited and/or signed on a military base or installation, and I have received from the registered representative the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act. I certify, under penalties of perjury, that I am a U.S. person (including a U.S. resident alien) and that the taxpayer identification number is correct. I certify that all answers to questions and statements made on this application are to the best of my knowledge and belief.

I UNDERSTAND THAT BENEFITS AND VALUES PROVIDED UNDER THE CONTRACT MAY BE ON A VARIABLE BASIS. AMOUNTS DIRECTED INTO ONE OR MORE VARIABLE INVESTMENT OPTIONS WILL REFLECT THE INVESTMENT EXPERIENCE OF THOSE INVESTMENT OPTIONS. THESE AMOUNTS MAY INCREASE OR DECREASE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.

Owner's Signature SIGN HERE *John James Doe*	Date *(mo/day/yr)* DATE 01/01/2012	Signed at: City CITY Anytown	State STATE N E
Joint Owner's Signature *(if applicable)* SIGN HERE	Date *(mo/day/yr)* DATE		

16. REGISTERED REPRESENTATIVE'S STATEMENT

16A. CHECK ONE	☐Yes ☒No	Do you have any reason to believe that the applicant has any existing life insurance policies or annuity contracts? (Default is "Yes" if neither box is checked.)
16B. CHECK ONE	☐Yes ☒No	Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued?

If "Yes," I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 9B of this application.

I hereby certify that I have used only Pacific Life's approved sales material in connection with this sale and that copies of all sales materials used were left with the applicant. Any insurer-approved electronically presented sales materials will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I certify that I have discussed the appropriateness of replacement and followed Pacific Life's written replacement guidelines. I have explained to the owner(s) how the annuity will meet their insurable needs and financial objectives. I certify that I have reviewed this application and have determined that its proposed purchase is suitable as required under law, based in part on information provided by the owner, as applicable, including age, income, net worth, and tax status, and any existing investments and insurance program. I certify that I have provided the applicant with all product and applicable fund prospectuses for this variable annuity contract. I certify that I have also considered the owner's liquidity needs, risk tolerance, and investment time horizon; that I followed my broker/dealer's suitability guidelines in both the recommendation of this annuity and the choice of investment options, and that this application is subject to review for suitability by my broker/dealer. I certify that I have truly and accurately recorded on the application the information provided to me by the applicant. If the applicant is an active duty member of the United States Armed Forces (including active duty military reserve personnel), I certify that this application was not solicited and/or signed on a military base or installation, and I provided to the applicant the disclosure required by Section 10 of the Military Personnel Financial Services Protection Act.

I further certify that, prior to soliciting the contract applied for, I have completed all state mandated annuity, insurance, and/or product training and agree to provide documentation of such completion upon request by Pacific Life.

Soliciting Registered Representative's Signature SIGN HERE *Cindy Brown*	Print Registered Representative's Full Name Cindy Brown
Registered Representative's Telephone Number (123) 456-7890	Registered Representative's E-Mail Address
Broker/Dealer's Name ABC Brokerage	Brokerage Account Number *(optional)*

Send completed application as follows:

APPLICATION *WITH* PAYMENT:
[*Regular Mail Delivery:* P.O. Box 2290, Omaha, NE 68103-2290
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102

APPLICATION *WITHOUT* PAYMENT:
Regular Mail Delivery: P.O. Box 2378, Omaha, NE 68103-2378
Express Mail Delivery: 1299 Farnam Street, 6th Floor, RSD, Omaha, NE 68102]

Supporting Document Schedules

Item Status: **Status Date:**

Bypassed - Item: Flesch Certification
Bypass Reason: N/A
Comments:

Item Status: **Status Date:**

Bypassed - Item: Application
Bypass Reason: N/A
Comments:

Item Status: **Status Date:**

Bypassed - Item: Life & Annuity - Acturial Memo
Bypass Reason: N/A
Comments:

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability
Comments:
Attachment:
SV1225 - App.pdf

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive ● Newport Beach, CA 92660

STATEMENT OF VARIABILITY

Form Number	**Form Description**
25-1225	Individual Deferred Variable Annuity Application

This Statement of Variability identifies and explains the variable items, denoted by brackets, contained in the above referenced contract and application forms. Any changes within these areas will be administered in accordance with the requirements of your state insurance department.

Individual Deferred Variable Annuity Application Form No. 25-1225

Page No.	Bracketed (Variable) Text	Explanation of Variability/Range of Variables
1	Product Marketing Name	The name of the product applied for will be displayed.
1	Company Addresses and Toll-Free Telephone Numbers	Current information shown. In the event of a change in the company address, internet address and/or toll-free telephone numbers, the new information will be shown, accordingly.
1	Top of page	The states of use will be shown and may change from time to time.
1-5	Barcode and Date	Barcodes will be assigned to this form as necessary and will change from time to time. The most current barcode revision date will be displayed to the left of the barcode.
3	Section 7 - Contract Type – Non-qualified, IRA, SIMPLE IRA, SEP-IRA, Roth IRA, Individual(k), 401(a), 401(k), 457(b), 457(b)-501(c), Keogh/HR-10.	The contract may be issued in connection with any of the contract types indicated in this space. From time to time, we may add new contract types and remove those contract types that are no longer available or for which new sales have been discontinued.
3	Section 7 - Contract Type – [1]For trust-owned contracts, complete Trustee Certification and Disclosure. [2]For non-qualified contracts, if Owner is a non-natural person or corporation, complete the Non-Natural or Corporate-Owned Disclosure Statement. [3]For individual-owned or trust-owned Inherited IRA contracts, complete appropriate Inherited IRA Certification. [4]Complete SIMPLE IRA Employer Information. [5]Complete Qualified Plan and 457(b) Plan Disclosure. [6]Complete Individual(k) Qualified Plan Disclosure.	The references to internal forms shown in this space are their current titles. These references and their titles may change from time to time.
3	Initial Purchase Payment	The text "Make check payable to Pacific Life Insurance Company" may be removed if we feel it is no longer needed.
3	Section 10 – Optional Riders	The optional riders listed are those currently available for the product applied for. We will add new riders and remove those riders that are no longer available. Any new optional rider added to this section will only be those optional riders that have been previously approved.
4	Section 11 - Rebalancing	The rebalance schedules that are available under the Contract. All or any combination of the options shown could be displayed.
4	Section 13 – Fraud Notice	The fraud notices may change as a result of changes in state laws, rules, or regulations. Any new, revised, or required fraud warning will be shown accordingly.
4	Section 14 - Allocation Options	The descriptive references to Investment Portfolios may change from time to time. The variable investment options within each Category shown are those currently available. From time to time, we may add, change or delete those variable investment options without prior approval unless the change significantly alters the underlying structure of the contract.
5	Section 16 – Mailing Address	Current information shown. In the event of a change in the company address, the new information will be shown.